

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

1. Agency Name

CITY OF SAN JOSE

Division, Department, or Region (if applicable)

OFFICE OF MAYOR SAM LICCARDO

Designated Agency Contact (Name, Title)

Dylan Simon, Policy Analyst

Area Code/Phone Number

(408) 535-4800

E-mail

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Date Stamp

2016 MAY -5 PM 3:40

SP OTC

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 148.00

Event Description: Stars on Ice

Provide Title/Explanation

Date(s) 05/08/2016

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no: SJ Arena Authority

Name of Source

Was ticket distribution made at the behest
of agency official?

Yes ☐ No ☐

If yes:

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	<u>American Cancer Society</u>	<u>24</u>	<u>Recognition</u>

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: